EXHIBIT 3-L

Homeowner Rehab Set Up and Completion Form

HOME Program (For single and multi-address activities)

Check the appropriate box:				Name and Phone Number of Person Completing Form:					
☐ Original Submission ☐ Change Owner's Address ☐ Ownership Transfer ☐ Revision									
Set Up Homeowner Activity:									
A. General Information.									
Name of Participant:		2. County Co	ode	IDIS Activity ID	Number	Activity Nar	ne		
B. Activity Information.									
Homeowner's Name (optional):				2. Homeowner's	Street Address	3:			
3. City:		4. State:		5. Zip Code:	6. E Units	stimated HOME	7. Estimated	HOME Cost:	
8. Loan Guarantee? Yes or No					•				
C. Contractor Information. (On	y applicable if this is a multi-a	ddress activity)						
Contractor Type (check one):			2. Contractor	's Name:					
(1) Individual	(4) Not-for-Profit								
(2) Partnership	(5) Publicly Owned		3. Contractor	's Street Address:				·	
(3) Corporation	(6) Other								
	_		4. City:			5. State:		6. Zip Code:	
			,						

Complete Homeowner Activity:

D. General Information. (Same as set up)							
Name of Participant:	2. County Code	IDIS Activity ID Number	4. Activity Name	4. Activity Name			
E. Activity Information. (Sections F, G & H are to be filled our information.)	t for each property addre	ess. If this is a multi-address acti	ivity, make copies of this fo	rm so that each	address has se	eparate E, F & G	
Property Type (check one)	2. Com	pleted Units in Project:			<u>Total</u>	HOME-Assisted	
(1) 1-4 Single Family (3) Cooperative			Number of Comple				
(2) Condominium (4) Manufactured Home	е	Number meeting Energy Star standards*:					
2. Homogywaria Nama (antianal):		4. Homeowner's Street Ad	Number Section 504 a	ccessible:			
Homeowner's Name (optional):		4. Homeowner's Street Ad	idless.				
5. City:	6. State:	7. Zip Code:	8. Value After Rehab:				
is. City.	o. State.	7. Zip Code.	o. Value Alter Renab.				
			\$	-			
F. Activity Costs.							
•							
1. HOME Funds (Including Program Income)							
(1) Amortized Loan			\$	-			
(2) Grant			\$	-			
(3) Deferred Payment Loan (DPL)			\$	-			
(4) Other		\$	-				
Total HOME Funds [1 + 2 + 3 + 4]			\$	-			
2. Public Funds							
(1) Other Federal Funds			\$	-			
(2) State/Local Funds		\$	-				
(3) Tax Exempt Bond Proceeds		\$	-				
Total Public Funds [(1) + (2) + (3)]			\$	-			
3. Private Funds							
(1) Private Loans			\$	-			
(2) Owner Cash Contribution			\$	-			
(3) Private Grants		\$	-				
Total Public Funds [(1) + (2) + (3)]		\$	-				
4. Activity Total (Sum All Totals)			\$	_			

G. Household Characteristics. (Refer to code below where applicable)

1.			Household							
Unit #	# of Bedrooms	Occupant	% Med	Hispanic? Y/N	Race	Size	Туре	Assistance Type	Total Monthly Rent	
2. FHA Insu	red? Yes or N	lo								
# of Bedrooms 0 - SRO / Efficiency 1 - 1 bedroom 2 - 2 bedrooms 3 - 3 bedrooms 4 - 4 bedrooms 5 - 5 or more bedrooms Household % of Med 1 - 0 to 30% 2 - 30+ to 50% 3 - 50+ to 60% 4 - 60+ to 80%				13 - Asian 14 - Americar 15 - Native Ha 16 - Americar 17 - Asian & V 18 - Black or A	African American Indian or Alask awaiian or Other Indian or Alask White African American Indian or Alask Iti Racial Inelderly ent	a Native Pacific Islander a Native & White n & White	or African American	Assistance Type 1 - Section 8 2 - HOME TBRA 3 - Other Federal, State, or Local Assistance 4 - No assistance		

Definitions:

*Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov or www.energystar.gov